

LANGUAGE SERVICES PROGRAM

Denial of Access to Interpreter Complaint Form

Complete this form and submit it to The Supreme Court of Ohio Language Services Program 65 South Front Street, Columbus, Ohio 43215-3431. Fax: 614.387.9409. E-mail: lsp.resolution@sc.ohio.gov.

Personal Information (Please print clearly)				
Nam	neFirst	Middle	Last	
	guage You Speak			
Add	ressStreet	City	State	Zip Code
	ne Phone ()			
Court Information				
Court Name Judge Name				
Add	Street Street	City	State	Zip Code
Pho	ne ()		Your Case Number	
Rea	son for Filing Complaint			
	The court did not provide an int	•	☐ Other (Explain):	
	The interpreter did not speak my			
Ш	The interpreter did not interpre	Correctly		